



**1-800-224-6330**

# Original Medicare Premiums, Deductibles & Coinsurances 2008

## ORIGINAL MEDICARE **PART A** BENEFICIARY COSTS

Inpatient Hospitalization	
Inpatient Deductible	\$1,024.00 per benefit period
0-60 days	\$0.00 per day
61-90 days	\$256.00 per day
91-150 days	\$512.00 per day
Beyond 150 days	All Costs
Skilled Nursing Facility Care	
Must have been hospitalized at least three days and enter a Medicare approved facility within 30 days after medical discharge	
1-20 days	\$0.00
21-100 days	\$128.00 per day
Beyond 100 days	All Costs

## ORIGINAL MEDICARE **PART B** BENEFICIARY COSTS

Annual Deductible	\$135.00 per calendar year	
Co-Insurance amount	20% of Medicare approved amount	
Limiting Charge	Up to 15% above Medicare approved amount. May apply to doctors not accepting Medicare assignment. Doctor may not collect, bill or receive more than 15 % above the Medicare approved amount.	
Medicare Part B Premium late enrollment penalty will increase premium amount		
If your Yearly Income is		You Pay
File Individual Tax Return	File Joint Tax Return	
\$82,000 or below	\$164,000 or below	\$96.40 per month
\$82,001-\$102,000	\$164,001-\$204,000	\$122.20 per month
\$102,001-\$153,000	\$204,001-\$306,000	\$160.90 per month
\$153,001-\$205,000	\$306,001-\$410,000	\$199.70 per month
Above \$205,001	Above \$410,001	\$238.40 per month

SHIIP is a public service of the Arkansas Insurance Department and is federally funded through the Centers for Medicare and Medicaid Services.